

MAR 14 2005

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Application Number	09/964,590
Filing Date	September 28, 2001
First Named Inventor	Abdulahi Mohamed
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

**RECEIVED** A Power of Attorney is submitted herewith.

MAR 17 2005

**OFFICE OF PETITIONS****OR** I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Abdulahi Mohamed
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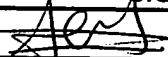
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	
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Name	Abdulahi Mohamed
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Date	MARCH 11, 2005	Telephone	(604) 291-8530
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of \_\_\_\_\_ forms are submitted.

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